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## BIB DATA SHEET

CONFIRMATION NO. 6268

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/087,388	03/01/2002	435	1651	STRATA-06948	
<b>RULE</b>					
<b>APPLICANTS</b> Allen Comer, Madison, WI; Lynn Allen-Hoffmann, Madison, WI; Michael Hoffmann, Madison, WI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/287,898 05/01/2001 and claims benefit of 60/273,034 03/02/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 03/29/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /Leon B LANKFORD Acknowledged JR/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Casimir Jones, S.C. 440 Science Drive Suite 203 Madison, WI 53711 UNITED STATES					
<b>TITLE</b> Skin substitutes for irritancy testing					
<b>FILING FEE RECEIVED</b> 471	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		